

Mississippi Trauma Advisory Committee

**Ramada Inn Southwest
Jackson, MS
Minutes**

July 10, 2003

MTAC Members Present:

Brian Amy, M.D., MHA, MPH
Hugh Gamble, M.D.
Wade Spruill
William T. Avara, M.D.
Gregory Timberlake, M.D.
Robert Galli, M.D.
Charles Piggott, M.D.
Christine Weiland, R.N.
Steve Delahousey, REMT-P
John Riggs, REMT-P

MTAC Members Not Present:

Brennett Lyles, R.N., REMT-P
Lucy Cumbest, R.N.
William Billups, III, M.D.
David Cook, R.N.
Bob McDonald
Wells Wilson, M.D.
John Nelson, M.D.
John Braham, M.D.

Board of Health Member:

Briggs Hopson, M.D.

Others Present:

Jim Craig
Mills McNeill, M.D.
Keith Parker
Jim Wadlington
Jonathan Chaney
Kelly Trinkner
Alisa Williams

I. Call to Order:

Meeting was called to order by Dr. Amy at 1:00 p.m.

II. Adoption of Minutes:

Minutes from previous MTAC meeting were adopted by acclamation.

III. Director's Report:

Mr. Craig announced that the trauma center educational visits are continuing; one Level II and seven Level III trauma centers are remaining. The feedback that has been received from the trauma centers has been very positive.

Mr. Craig reported that The Trauma Regulations Subcommittee appointments have been made. These appointments have been made in an effort to ensure Representation from each of the Trauma Care Region's in the ongoing development of the Mississippi Trauma Care Regulations.

Mr. Craig reported that the State Board of Health adopted the ATLS changes for Board-certified surgeons and Board-certified Emergency Room Physicians. The State Board of Health also adopted the changes to the trauma center inspection process that were proposed by MTAC at the last meeting.

Mr. Craig reported that Office of Emergency Planning and Response added a list server for trauma information to allow participants to share information. To be added to the list server you can send a blank email to: SUBSCRIBE-TRAUMA-LIST@OHR.DOH.MS.GOV.

IV. Reports:

A. Delta Trauma Care Region:

Ms. Gerry Whitfield reported that Dr. Lucas resigned his position as the Delta Trauma Care Region MTAC representative and Regional Medical Director. Governor Musgrove appointed Dr. Bennie Wright to this position. Dr. Wright was called to active duty the same day of his appointment.

The Region has also voted to send two representatives from the Region's trauma centers to the ATS Symposium in Philadelphia in October.

B. Southeast Trauma Care Region:

Mr. Spruill reported that the Southeast Region is very active. From information that has been generated by the Regional Registry the Region found that Level IV trauma centers have had difficulty in managing airways when preparing to transport trauma patients. Dr. Aseme, the Region's Trauma Medical Director arranged to provide training to these centers regarding this issue.

Seventy-five percent of all Emergency Room nurses in the Southeast Trauma Care Region have completed the Trauma Nurse Coordinator Course (TNCC). Southeast Trauma Care Region now has four Neurosurgeons in the Region.

C. Coastal Trauma Care Region:

Ms. Christine Weiland reported that the Region has a new Regional Director, Ms. Gail Thomas. The Region had a two-day symposium on the Coast in May. There were about 200 attendees. The Region has also done a lot of work with the injury prevention program. It trained about 40 nurses and schoolteachers in the Risk Watch program. The Region is planning to Implementation of the program in the schools will being in August.

The Region is having a problem getting TNCC courses on the Coast. The Coastal Trauma Care Region will work with Jackson to get this course available in the Region. The Region continues to work on transfer agreements.

D. Southwest Trauma Care Region:

Mr. Jimmy McManus reported the Region has distributed the uncompensated care trust fund to the trauma centers and physicians. The Region has also distributed an equipment grant to each trauma centers in the Region. Additionally, the Region will train eighteen nurses in the Trauma Nurse Coordination Course and sending physicians and trauma nurse coordinators to the ATS conference in Philadelphia in October.

E. Central Trauma Care Region:

Dr. Timberlake reported the Central Trauma Care Region is in the process of distributing the Central Region's uncompensated care fund. The Region is working on revisions to the trauma plan and has started a Performance Improvement Committee.

The Region has had problems with EMS run forms. Mr. Craig reported that the State Board of Health passed regulation that will be in effect August 9, 2003, which requires Ambulance Services to leave the run report within 24 hours of dispatch.

F. East Central Trauma Care Region:

The East Central Trauma Care Region is very active in education of nurses and physicians. Within the Region, the biggest concern is liability for medical control and forming regional medical control.

G. North Trauma Care Region:

Dr. Piggott reported that the North Trauma Care Region continues to have emphasis on nurse and physician Trauma Education.

V. Uncompensated Care Distribution Report:

Ms. Granberry reported that Horne CPA Firm has developed an automated system for submitting data to decrease some of the paper work.

She reported with the 2002 disbursement, the 70/30 ratio remained the same as in the past. That being, 70% to the hospitals and 30% to the physicians.

This year, the Med entered the reimbursement mix with a \$500,000 cap including physicians. Without the cap the Med qualified for \$789,190. From the \$500,000, \$350,000 went to the hospital and \$150,000 went to the physicians.

Ms Granberry reported that the allocated dollars are \$4,930,666,136 for the hospitals, which is 70% of the seven million dollar fund, 2.1 million to the surgeons that is 30 % and \$399,189 to the anesthesiologist.

VI. Trauma Registry Inclusion Criteria Revision:

Mr. Parker reported that the purpose of this revision is to clarify exactly which patients go into the trauma registry.

Mr. Parker reported that this is not coming in the form of a motion from the subcommittee but as a recommendation for clarification of the trauma registry.

This issue was referred to the Trauma Regulation Subcommittee.

VII. Regional Medical Center at Memphis:

Mr. Spruill made a motion that would require any region that includes an out-of-state hospital to be financially responsible for the uncompensated care to that facility. Mr. Delahousey seconded the motion. After further discussion, Mr. Delahousey offered an amendment to the motion requesting that Horne CPA calculate which trauma care regions sent trauma patients The Med in Memphis and determine the amount of distribution from each trauma care region to The Med. The motion was voted on and did not pass.

Mr Delahousey made a motion that a committee be formed to study possible funding mechanisms for trauma patients treated at out-of-state trauma centers. Mr. Riggs seconded the motion. The motion passed.

VIII. 2000 Trauma Care Trust Fund Audit Report:

Mr. Parker provided a report to the committee on the Trauma Care Trust Fund Audit conducted on calendar year 2000 trauma patients. There were 2,521 indigent hospital cases, 67 hospitals and 98 percent of these hospitals were audited.

IX. Confidential Session:

MTAC enters into confidential session.

X. Adjourn at 4:11 p.m.: